## Texas Department of Public Safety Private Security Bureau PO Box 15999, Austin, Texas 78761-5999 www.txdps.state.tx.us

## APPLICATION FOR TRAINING SCHOOL APPROVAL

I understand that the Training School must:

() Level Three Training School

(Basic Security Officer Training Course)

CHECK ALL THAT APPLY

To complete the training school application process, please see the instructions below:

- Maintain adequate space and facilities to safely accommodate all activities conducted in the course of the training provided.
- Maintain all records required under the provisions of Title 10, Chapter 1702 Occupations Code and Administrative Rules at the school's physical location and must make those records available for inspection at the request of the Bureau, and
- Provide a certificate of completion to all students successfully completing statutorily required and Commission approved training conducted by the school as required by Title 10, Chapter 1702 Occupations Code, and Administrative Rules. (For requirements of a Training School, see Admin. Rules 35.251 through 35.281)

Register all owners, officers, partners and shareholders, submit PSB-04A form or PSB-04B form if utilizing the online

( ) Level Four Training School

(Personal Protection Officer training Course)

**Fee:** \$350.00 orig. fee + \$11.00 sub. fee = \$361.00

() 16-Hour Alarm Basic

	lication process and submit \$50 use submit (2) Bureau approved				). For each appli	cant,	
proc	gister to qualify for a manage cess and submit \$30.00 registatived if the manager is also and	tration fee + \$3.00 for	the subscription	fee= \$33.00 (a se	eparate manager	fee is not	
	<b>TE:</b> If you are a Peace Office 3-49 Peace Officer Fingerprint			gerprint cards; hov	vever you must s	submit form	
	qualify as a manager, you n stions, multiple choice—true/fa <b>Please</b>			_		ng of 140	
Name of Tr	raining School:						
Mailing add	dress of Training School:						
Physical Lo	ocation of Training School F	Records:	City		•		
Training Sc	chool Telephone (area code	+ Number):					
Name of Manager:		Soc	cial Security Nu	mber:			
	d that the above named trainsubject of instruction being	•	only Bureau a	pproved instructo	ors who are qua	lified to	
	d that the operation of this pations Code and Administr		censing and reg	ulation as provid	ed by Title 10,	Chapter	
Applicants	pplicants Signature:			Date:			
PSB-09							
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	Ownership Information – Sole Propreitor				
Individual Owner:	Last Name	First Name	MI		
Officers or Partners:	-	poration or Partnership register as an owner, officer, partner and	l/or shareholder		
President or Partner					
	Last Name	First Name	MI		
Vice Pres. or Partner	Last Name	First Name	MI		
Secretary or Partner	Last Name	First Name	MI		
Treasurer or Partner	Last Name	First Name	MI		
		n 25% or more of the company. For all the entities (e.g., "multiple owners holdi			
"Corporation Z, holding	g 15%," etc.). The description	ns below must provide information on	100% of the ownership.		
Percentage of Interest	Last Name	First Name	MI		
Percentage of Interest	Last Name	First Name	MI		
Percentage of Interest	Last Name	First Name	MI		
Percentage of Interest	Last Name	First Name	MI		
Percentage of Interest	L ast Name	First Name	MI		

In accordance with Administrative Rule 35.77, you will have 90 days from the date the application is received by the Bureau to provide all of the required documentation and complete the application process or your application will be abandoned and you will be required to reapply. Fees collected by the Bureau are not refundable or transferable.

Signature of Applicant: \_\_\_\_\_\_ Date: \_\_\_\_\_

NOTICE: This is a Governmental record.

Any false entry made on this document could be considered a criminal violation.

PSB-09

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